UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

OCT 2 8 2002

OMB Number: 3235-0076

Serial

THOMSON

FINANCIAL

Expires: May 31, 2005

OMB APPROVAL

Estimated average burden

hours per response .....1

SEC USE ONLY
Prefix

DATE RECEIVED

## NOTI 02063380 PUR

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION 6,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Note and Warrant Financing (and the underlying common stock and preferred stock into which	such securities may be converted or exercised)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Motive Communications, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
12515 Research Blvd., Bldg. 5, Austin, TX 78759  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Enterprise software developer	TRACES CONTRACTOR OF THE PROPERTY OF THE PROPE
Type of Business Organization  Corporation  Imited partnership, already formed  business trust  limited partnership, to be formed  oth	PROCESSEL NOV 0 4 2002

Year

7

Actual

Estimated

D E

## GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

(Enter two-letter U.S. Postal Service Abbreviation for State:

Month

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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4		1 1		

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A	BASIC ID	ENTI	FICATION DATA			
<ul><li>Each beneficial own</li><li>Each executive office</li></ul>	equested for the follow he issuer, if the issuer ha her having the power to cer and director of corpo anaging partner of partner	s beer vote o orate i	or dispose, or direct th ssuers and of corporat	e vote	or disposition of, 10%			
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Harmon, Scott								 
Business or Residence Addre			, State, Zip Code)					
12515 Research Blvd., Bldg		9				<u> </u>		 
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	⊠ —–	Director	 General and/or Managing Partner
Full Name (Last name first, it Jones, Eric	f individual)							
Business or Residence Addre 12515 Research Blvd., Bldg			, State, Zip Code)			-		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, it Maples, Sr., Mike	f individual)	·						
Business or Residence Addre 12515 Research Blvd., Bldg			, State, Zip Code)				31 ET	
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, it Garber, Ross	f individual)					•		
Business or Residence Addre 12515 Research Blvd., Bldg.		-	, State, Zip Code)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, if Sikora, David	f individual)	<del></del>		· -				
Business or Residence Addre 12515 Research Blvd., Bldg.	,		, State, Zip Code)					 <u> </u>
Check Box(es) that Apply:	Promoter	$\boxtimes$	Beneficial Owner		Executive Officer	$\boxtimes$	Director	General and/or Managing Partner
Full Name (Last name first, if Thornton, John	individual)							
Business or Residence Address	ss (Number and Street	City	, State, Zip Code)					 
300 W. 6 <sup>th</sup> Street, Suite 2300		•						
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\boxtimes$	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if Wray, Logan	individual)							 
Business or Residence Address	ss (Number and Street,	City	, State, Zip Code)	<del></del>				 
12515 Research Blvd., Bldg.							<u> </u>	 Tana tanan tan
	(Use blank	sheet.	or conv and use add	itional	copies of this sheet	as ne	cessary)	 

· r.s.					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Baker, Paul					
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
12515 Research Blvd., Bldg	g. 5, Austin, TX 787	759			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Maples, Jr., Mike					
Business or Residence Addre	ess (Number and Stre	et, City, State, Zip Code)			
12515 Research Blvd., Bldg	. 5, Austin, TX 787	59			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Entities affiliated with Aust	in Ventures				, , , , , , , , , , , , , , , , , , , ,
Business or Residence Addre	ess (Number and Stree	et, City, State, Zip Code)			
300 W. 6 <sup>th</sup> Street, Suite 230	0, Austin, TX 7870	1			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Entities affiliated with Acce	el Partners				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
428 University Ave., Palo A	lto, CA 94301				
	(Use blan	k sheet, or copy and use add	ditional copies of this shee	t, as necessary)	

_				В.	INFO	RMATION	ABOUT O	FFERING				
1 Und	the issuer sold	or does the	issuer intend	to call to no	n aggradited	investors in	this offering		<del>-</del>	<u>-</u> -	Yes	No EX
l. Has	Answer also in Appendix, Column 2, if filing under ULOE.										L	
2. Wh	at is the minimu	ım investmer	nt that will be				-				\$	N/A
2 D-												No
rem	uneration for so	licitation of p	ourchasers in	connection v	with sales of s	ecurities in t	he offering.  l	f a person to	be listed is a	n associated		
•	son or agent of a n five (5) person		Ų.									
	ler only. ne (Last name fir	ent if individ	ual)									
run Nam	ie (Last name ii	ist, ii maivia	uai)									
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	e, Zip Code)	***************************************						· ···
Name of	Associated Bro	tor or Dealer	<u>-</u>			<u> </u>						
ivallie of	Associated Dio	kei oi Dealei										
States in	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers	· · · · · · · · · · · · · · · · · · ·				<del>-</del>	<del>-</del>	<del></del>
(Check	k "All States" or	check indivi	duals States)								□ A	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
E	41											
Fuii Nam	e (Last name fir	st, it individi	uai)									
Business	or Residence A	ddress (Num	ber and Stree	t, City, State	, Zip Code)	······································	*				···· <u></u>	· — -
Name of	Associated Brol	· Dealer				<u></u>						<del></del>
ivame or .	Associated brok	ter or Dealer										
States in '	Which Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers				·			·
(Check	"All States" or	check indivi	duals States).						•••••		☐ Al	I States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
F. II Mana	. (1	. 161-11-14	. t)				<del></del>					
Full Name	e (Last name fir	st, if individu	ıal)						: <del>-</del>	<u></u>		·
	e (Last name fir			t, City, State	, Zip Code)							
Business	or Residence Ad	ldress (Numl		t, City, State	, Zip Code)							
Business	···-	ldress (Numl		t, City, State	, Zip Code)							
Business of A	or Residence Ad	ddress (Numl	per and Street									
Business of A	or Residence Ad	ddress (Numl ter or Dealer isted Has Sol	per and Street	nds to Solic	it Purchasers						Al	1 States
Business of A	or Residence Ad Associated Brok Which Person L	ddress (Numl ter or Dealer isted Has Sol	per and Street	nds to Solic	it Purchasers	[CT]	[DE]	[DC]	[FL]	[GA]	☐ Al	l States
Business of A	or Residence Ad Associated Brok Which Person L "All States" or	ter or Dealer isted Has Sol	per and Street	nds to Solic	it Purchasers		[DE] [MD]	[DC] [[MA]	[FL] [MI]	[GA] [MN]		
Business of A Name of A States in V (Check [AL]	or Residence Ad Associated Brok Which Person L "All States" or [AK]	ddress (Number or Dealer isted Has Sol check indivi-	per and Street licited or Inte duals States). [AR]	nds to Solic	it Purchasers	[CT]	- "				[HI]	[ID]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		A
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-	\$_12,500,000.00
	Equity	\$	\$
	Common Preferred		
	Convertible Securities (including warrants)	\$ 12,500.00	\$ 12,500.00
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total		\$ <u>12,512,500.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchase
	Accredited investors	4	\$ <u>12,512,500.00</u>
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
l.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$40,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	$\boxtimes$	\$ 40,000.00
		<del></del>	

	<u> </u>	OFFERING PRICE, NU	MBER OF INVESTO	KS, EXPENSES AND	USE OF PR	OCEEDS	
total ex	penses furnished in re	een the aggregate offering pr sponse to Part C - Question	4.a. This difference is t	ne "adjusted gross			\$ <u>12,472,500.00</u>
the pur left of t	poses shown. If the an	the adjusted gross proceeds a nount for any purpose is not k of the payments listed must Question 4.b above.	nown, furnish an estima	te and check the box to t	he		
					Payme Officers, D Affili	irectors &	Payments To Others
Salarie	s and fees				<b>\$</b>		<b>\$</b>
Purcha	se of real estate				□ s		<b>\$</b>
Purcha	se, rental or leasing ar	d installation of machinery	and equipment		<b>\$</b>		<b>\$</b>
Constr	uction or leasing of pl	ant buildings and facilities			<b>\$</b>		<u>\$</u>
Acquis used in	ition of other business exchange for the asse	es (including the value of se ts or securities of another is:	curities involved in this suer pursuant to a merge	offering that may be	□ \$		□ s
Repayr	nent of indebtedness				□ \$		□ s
Workir	ng capital				□ \$	0.00	
Other (	specify):				<b>\$</b>		<b>\$</b>
Columi	n Totals				□ s	0.00	
To	otal Payments Listed (	column totals added)			Ø	\$ 12,472	2,500.00
		D.	FEDERAL SIG	ENATURE			
ındertaking b	y the issuer to furnish	to be signed by the undersign the U.S. Securities and Exchain raph (b)(2) of Rule 502.					
ssuer (Prin	t or Type)	Signatur	· ///	Da	te		
	munications, Inc.	mid c	Signer (Print or Type)	Oc	tober 24, 200	2	· · · · · · · · · · · · · · · · · · ·
~	ner (Print or Type)	1					
Paul Baker		Chief Fir	ancial Officer				
			ATTENTIO	)N			
	Intentional M	isstatements or Omissions	<del></del>		s (See 18	U.S.C. 1001	.)

	E. STATE SIG	NATURE		
1. Is any party described in 17 CFR 230	262 presently subject to any of the disqual	ification provisions of such rule?	Yes	No
	See Appendix, Column 5, fo	r state response.		
2. The undersigned issuer hereby undert 239,500) at such times as required by	•	any state in which this notice is filed, a not	ice on Form D (	17 CFR
3. The undersigned issuer hereby undert	akes to furnish to the state administrators, u	ipon written request, information furnished	by the issuer to	offerees.
<del>-</del>	ch this notice is filed and understands that	hat must be satisfied to be entitled to the Un the issuer claiming the availability of this ex		•
The issuer has read this notification and kn authorized person.	ows the contents to be true and has day ca	used this notice to be signed on its behalf by	the undersigne	d duly
Issuer (Print or Type)	Signature	Date	· -	
Motive Communications, Inc.		October 24, 2002	02	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			

Chief Financial Officer

## Instruction:

Paul Baker

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2		5 Disqualification								
	Intend to sell non-accredite investors in State		Type of security and aggregate offering price offered in state (Part C – Item 1)	ffering Type of investor and lin state amount purchased in State		aggregate offering Type of invest price offered in state amount purchase		amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL												
AK												
AZ												
AR												
CA				······································								
СО												
CT												
DE												
DC												
FL												
GA												
HI				*								
ID							•					
IL												
IN												
IA							· <u></u>					
KS												
KY												
LA												
ME												
MD												
MA												
MI												
MN		х	Notes and Warrants totalling \$12,512,500	1	\$ 200,200	0	\$ 0		Х			
MS												
МО												
МТ												
NE												
NV												

1		2	3		4					
	non-acc	to sell to credited tors in	Type of security and aggregate offering		Type of investor and					
1	St	ate	price offered in state		amount purc	hased in State		explana waiver s	granted	
	(Part B	-Item 1)	(Part C – Item 1)	Number of	(Part C	C-Item 2) Number of	<u></u>	(Part E	-Item 1)	
				Accredited		Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
NH										
NJ								<u> </u>		
NM										
NY										
NC										
OH										
OK										
OR				<u> </u>						
PA										
RI				<u></u>						
SC										
SD TN										
TX		X	Notes and Warrants	3	\$ 12 212 200	0	\$ 0		X	
17	,	^	totalling \$12,500,000	3	\$ 12,312,300		<b>\$</b> U		^	
UT										
VT										
VA										
WA										
WI										
WY										
PR										